

Scanned by HICKS, STEPHANIE K. CCA in facility HUTCHINS (HJ) on 07/20/2011 13:32

EXHIBIT: 2
 NAME: Bobbitt
 DATE: 7-13
 Tice Tervell Bureau CR02008

TEXAS UNIFORM HEALTH STATUS UPDATE

I. NAME: McCollum Larry G. DOB: 4/04/53 AGE: 58
 Last First MI
 STATE ID# 9950 494 RACE: W SEX: Male ☒ Female ☐
 COUNTY/TDC# 34610 WT: 330 HT: 5'10

II. CURRENT/CHRONIC HEALTH PROBLEMS

A. Health Problems

- ☐ 1. None
☐ 2. Asthma
☐ 3. Pregnancy
☐ 4. Dental Priority
☐ 5. Diabetes
☐ 6. Drug Abuse
☐ 7. Alcoholism
☐ 8. Orthopedic Problems
☐ 9. Cardiovascular/Heart Trouble
☐ 10. Suicidal
☐ 11. Mental Retardation
☐ 12. Mental Illness (Specify diagnosis) _____
☐ 13. Recent Surgery
☐ 14. Seizures
☐ 15. Dialysis
☒ 16. Hypertension
☒ 17. CARE System Y/N

III. SPECIAL NEEDS (Check all that apply)

A. Housing Restrictions

- ☒ 1. None
☐ 2. Skilled Nursing Facility
☐ 3. Extended Care Facility
☐ 4. Psychiatric Inpatient Facility
☐ 5. Respiratory Isolation
☐ 6. Other

B. Transportation

- ☒ 1. Routine
☐ 2. Crutches/Cane
☐ 3. Ambulance
☐ 4. Wheelchair/Wheelchair Van
☐ 5. Prosthesis: _____

C. Pending Specialty Clinic Appointment

None ☒ Type _____D. ALLERGIES NKA

NKA _____

*NOTE: When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (838)437-3589 for clients with any chronic disease symptoms deemed unstable.

B. Preventive Medicine

- ☒ 1. Tuberculosis Status
 Skin Test: Date Given: 6/28/11 Date Read: 6/27/11 Results: 0 mm²
 X-Ray: Date: 6/27/11 Normal ☐ Abnormal ☐ Anti-TB Treatment? No ☐ Yes ☐
☐ 2. Hepatitis: A ☐ B ☐ C ☐ Other: _____
☐ 3. HIV Antibody: Test Date: 6/27/11 Results: Neg ☐ Pos ☐ CD4: _____ Date: 6/27/11
☐ 4. Syphilis: Date: 6/27/11 Type: _____ Treatment Completed: Yes ☐ No ☐

*NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attach tuberculosis record.

C. Other Health Care Problems: NKA

IV. CURRENT PRESCRIBED MEDICATIONS None _____

Medication	Dosage	Frequency
<u>Clonidine</u>	<u>0.1mg ÷ tab P.O</u>	<u>PRN/4P</u>

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

COMPLETED BY: Shelbi Jones, PA DATE: 7/15/11PHONE NUMBER: 254-757-2555 FACILITY: Hutchins County Jail

DEFENDANT'S
EXHIBIT

tabbies